NC-TOPPS: Recent Changes

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NC Division of MH/DD/SAS

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Behavioral Health Section, Annual Conference, August 2008

Why make changes?

- Increase ease of administration
- Increase access to data
- Improve responsiveness to requests for help, logins, and reports

What has changed? LOTS!

- Requirements for participation, Interview questions, Website, System access, Reports

How were decisions made?

- Provider focus groups
- Input from LMEs through QI Forum, email polls, and voiced concerns
- Input from Consumer focus groups led by Families United as well as State Consumer & Family Advisory Committee
- Recommendations from NC-TOPPS technical staff and researchers

NC-TOPPS Revisions: Populations

- Focus on MH and SA consumers who receive enhanced Medicaid and state (IPRS) funded services
  - Regarding Outpatient Services:
    - Excludes MH consumers receiving *only* outpatient therapy or medication management
    - Includes SA consumers receiving *only* state-funded outpatient therapy

NC-TOPPS Revisions: Populations

- Includes MH and SA consumers receiving at least two services within 60 days
  - Not based on membership in specific target populations
  - Is based on claims for specific “qualifying services” (primarily services by clinical home providers)

NC-TOPPS Revisions: Services

- Clinicians in agencies providing “clinical home” services are responsible for doing NC-TOPPS.
  - Clinical home providers are:
    - Responsible for development of the Person-Centered Plan
    - Most likely to follow the consumer over time

NC-TOPPS Revisions: Services

- Qualifying community-based services
  - Community Support
  - Intensive In-Home Services
  - Multi-Systemic Therapy
  - Day Treatment
  - Partial Hospitalization
  - Community Support Team
  - Assertive Community Treatment Team
  - SA Intensive Outpatient
  - SA Comprehensive Outpatient
  - Opioid Treatment

… plus Outpatient Therapy and Medication Management for State-funded SA consumers only

NC-TOPPS Revisions: Services

- Qualifying residential services
  - Therapeutic Foster Care
  - Level II and III Residential Services
  - Psychiatric Residential Treatment Facilities
  - SA Community Residential Treatment

Residential services may or may not be considered a consumer's "clinical home." If another provider is the clinical home, the two providers work together to gather the NC-TOPPS information.

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NC-TOPPS Revisions: Interview Schedules

- Designed to follow the consumer through an entire episode of care
  - Transfer Interview has been eliminated. LME Super-users can transfer a consumer to a new provider agency.
  - Episode Completion Interview is required when consumer has completed treatment or received no services for 60 days or more.

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NC-TOPPS Revisions: Interviews

- Reduced number of questions by 40%
  - Dropped many questions
  - Combined some questions
  - Kept some questions only for interested populations (e.g. adult SA women)
  - Simplified response options

New NC-TOPPS Website

- Accessible through any link on left side of Division website
- User Enrollment page
- Website Submission page
- Reports and Presentations page
- Other Information page

http://www.ncdhhs.gov/mhddsas/nc-topps/index.htm

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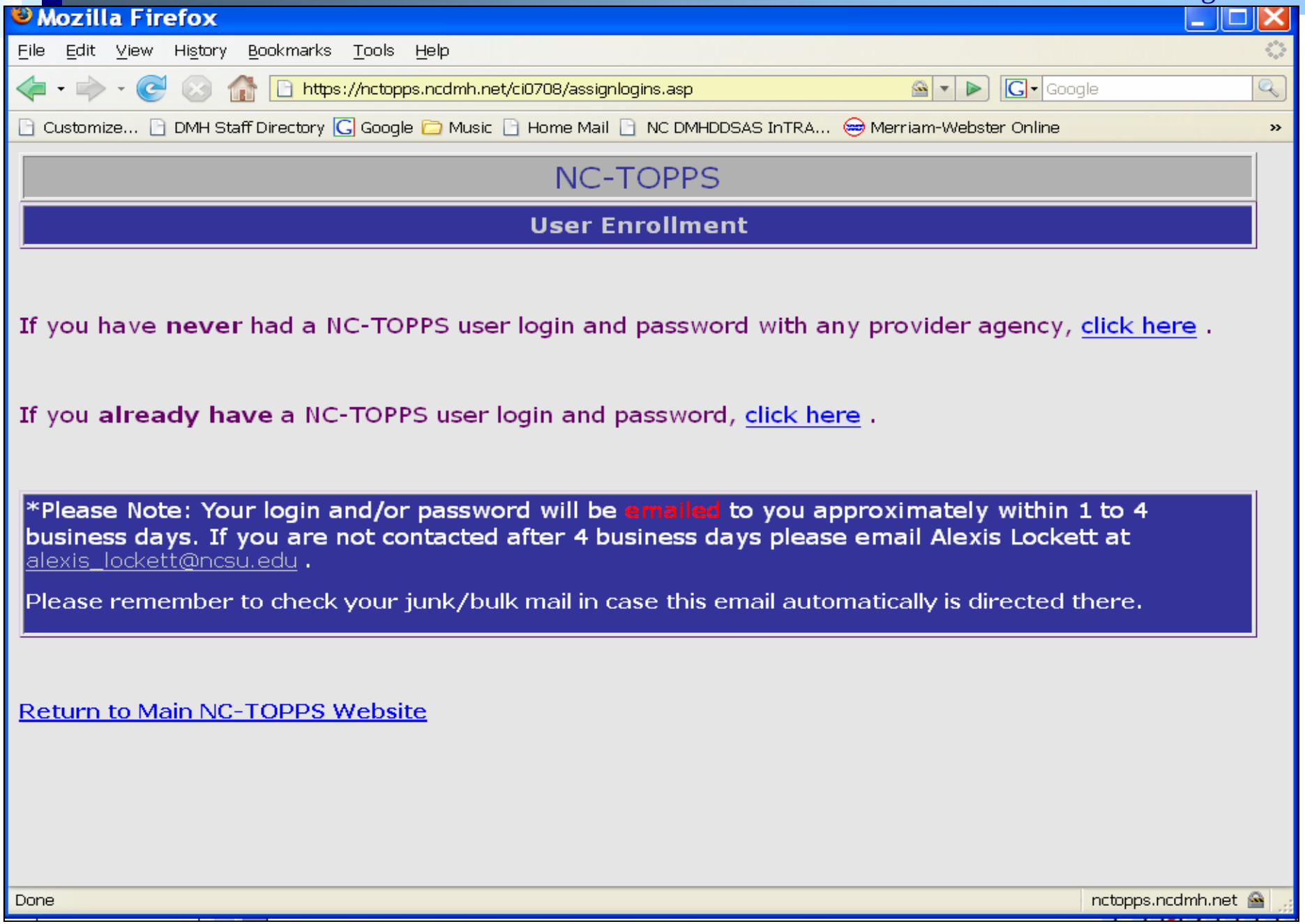
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*Please Note: Your login and/or password will be emailed to you approximately within 1 to 4 business days. If you are not contacted after 4 business days please email Alexis Lockett at alexis_lockett@ncsu.edu .
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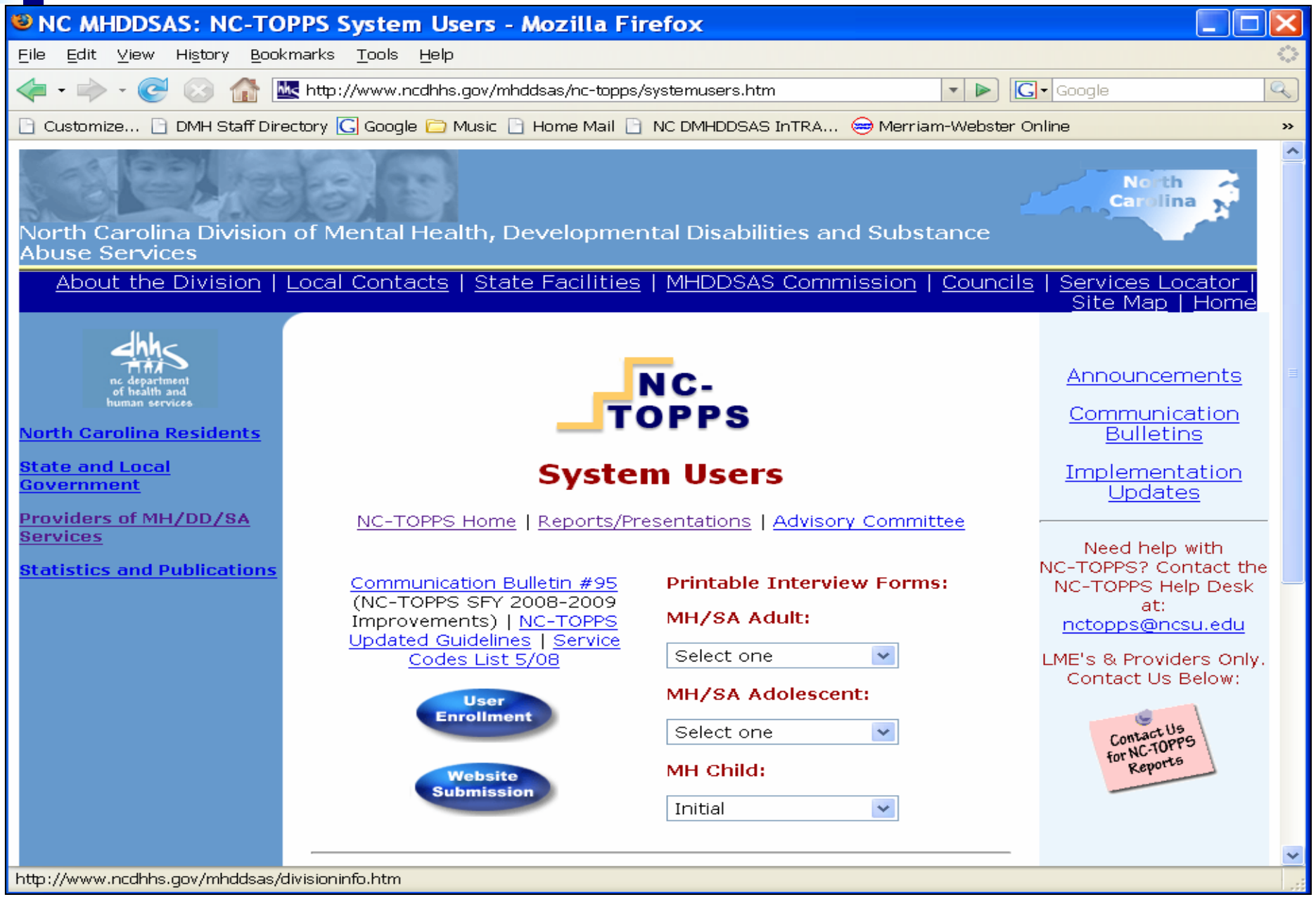
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New NC-TOPPS Reports

- Statewide and LME-Specific reports
  - Summer: Initial Interviews for the previous calendar year
  - Winter: Matched Initial-to-Update Interviews for previous state fiscal year
- Snapshots (Monthly)
- Custom reports on request

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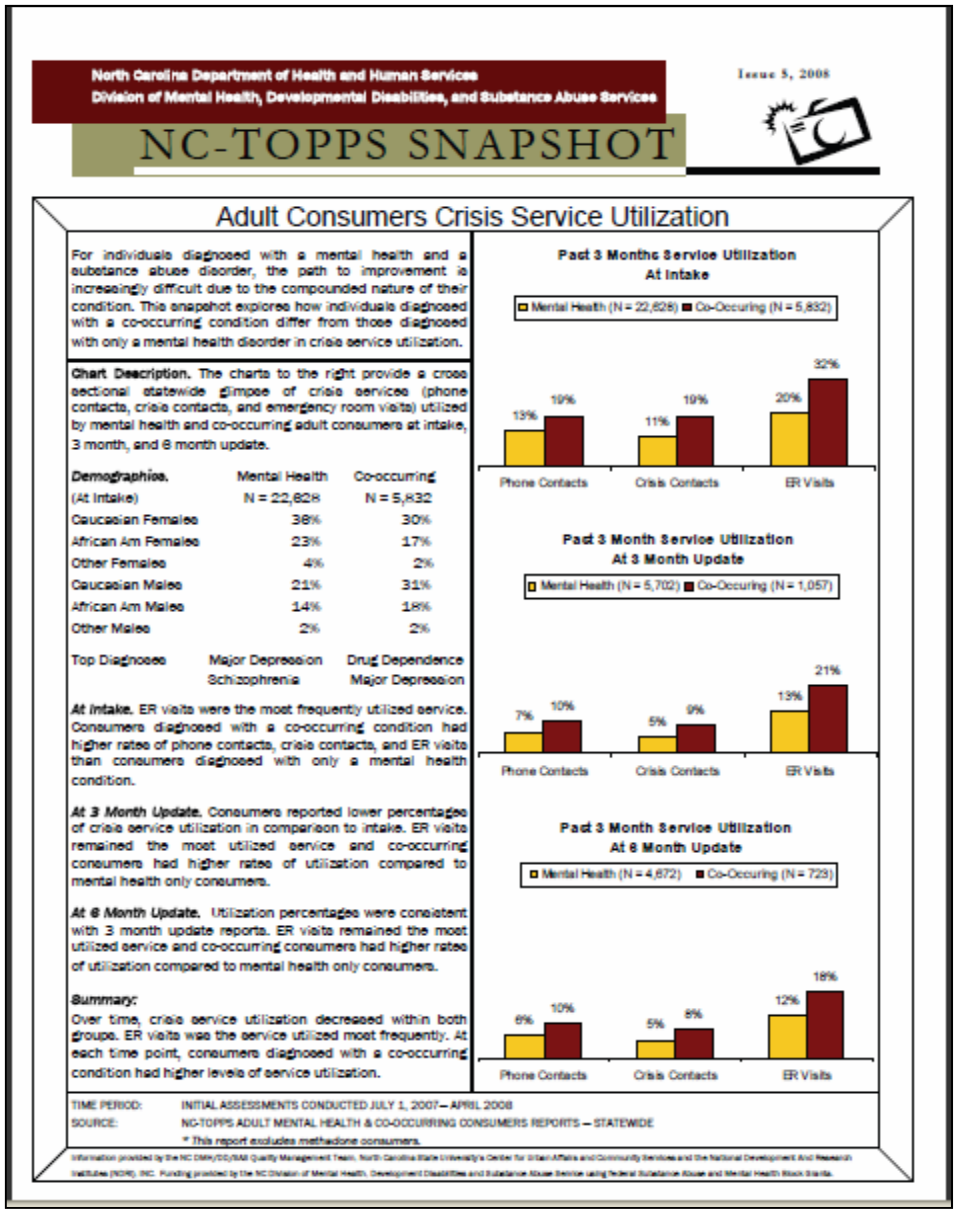

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Issue 5, 2008

NC-TOPPS SNAPSHOT

Adult Consumers Crisis Service Utilization

For individuals diagnosed with a mental health and a substance abuse disorder, the path to improvement is increasingly difficult due to the compounded nature of their condition. This snapshot explores how individuals diagnosed with a co-occurring condition differ from those diagnosed with only a mental health disorder in crisis service utilization.

Chart Description. The charts to the right provide a cross sectional statewide glimpse of crisis services (phone contacts, crisis contacts, and emergency room visits) utilized by mental health and co-occurring adult consumers at intake, 3 month, and 6 month update.

Demographics. (At Intake)	Mental Health N = 22,628	Co-occurring N = 5,832
Caucasian Females	38%	30%
African Am Females	23%	17%
Other Females	4%	2%
Caucasian Males	21%	31%
African Am Males	14%	18%
Other Males	2%	2%
Top Diagnoses	Major Depression Schizophrenia	Drug Dependence Major Depression

At Intake. ER visits were the most frequently utilized service. Consumers diagnosed with a co-occurring condition had higher rates of phone contacts, crisis contacts, and ER visits than consumers diagnosed with only a mental health condition.

At 3 Month Update. Consumers reported lower percentages of crisis service utilization in comparison to intake. ER visits remained the most utilized service and co-occurring consumers had higher rates of utilization compared to mental health only consumers.

At 6 Month Update. Utilization percentages were consistent with 3 month update reports. ER visits remained the most utilized service and co-occurring consumers had higher rates of utilization compared to mental health only consumers.

Summary:
Over time, crisis service utilization decreased within both groups. ER visits was the service utilized most frequently. At each time point, consumers diagnosed with a co-occurring condition had higher levels of service utilization.

Past 3 Months Service Utilization At Intake

Mental Health (N = 22,628) Co-Occuring (N = 5,832)

Past 3 Month Service Utilization At 3 Month Update

Mental Health (N = 5,702) Co-Occuring (N = 1,057)

Past 3 Month Service Utilization At 6 Month Update

Mental Health (N = 4,672) Co-Occuring (N = 723)

TIME PERIOD: INITIAL ASSESSMENTS CONDUCTED JULY 1, 2007 – APRIL 2008
SOURCE: NC-TOPPS ADULT MENTAL HEALTH & CO-OCCURRING CONSUMERS REPORTS – STATEWIDE

* This report excludes methadone consumers.

Information provided by the NC DMH/DD/SAS Quality Management Team. North Carolina State University's Center for Urban Affairs and Community Services and the National Development And Research Institutes (NDRI), INC. Funding provided by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services using Federal Substance Abuse and Mental Health Block Grants.

NC-TOPPS Snapshots

- Monthly data brief
- Topics of interest
- Statewide analysis

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In Progress: Tracking Reports

- Revised monthly report for CDW folder
  - Includes Medicaid (MH only) and IPRS (MH & SA) claims for past 6 months
  - Includes consumers with first two qualifying services or first qualifying service plus an Initial Interview beginning in those months
  - Includes consumer IDs, procedure codes, provider codes, payer, claim number, diagnosis, NC-TOPPS submission date

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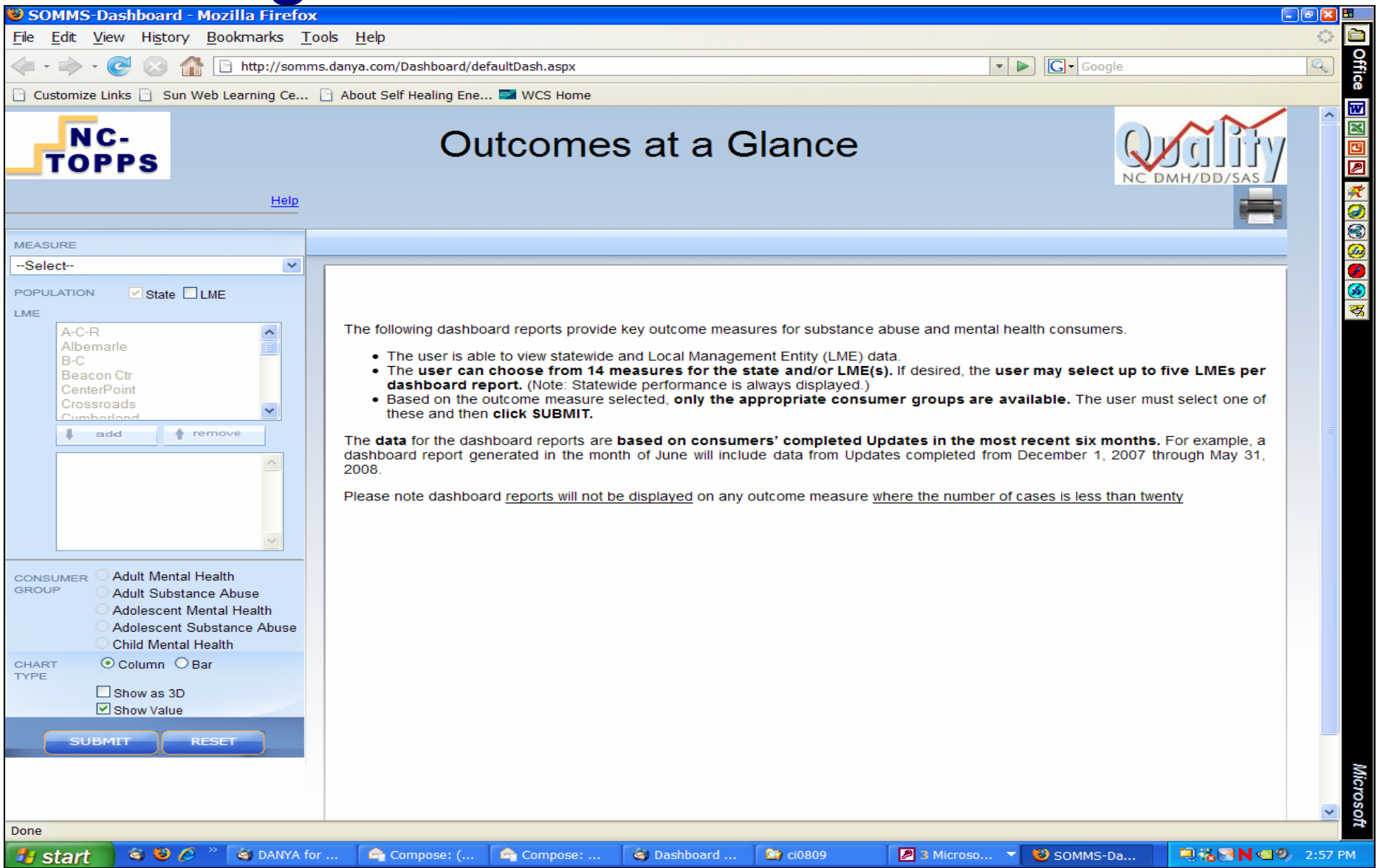
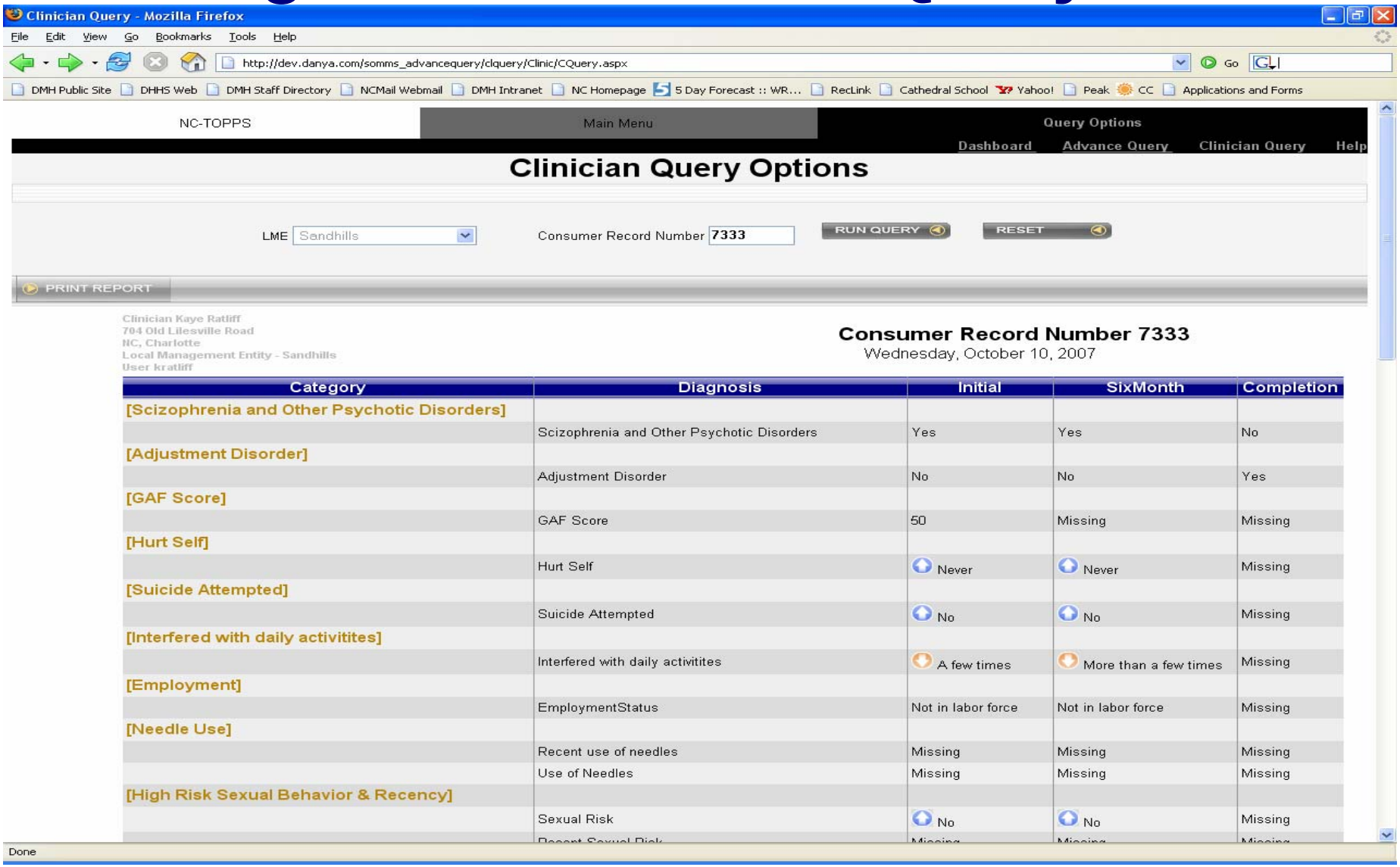
In Progress: Expanded Functionality of NC-TOPPS

- Coming improvements to NC-TOPPS:
  - Dashboard / “Outcomes at a Glance” (public access)
  - Clinician Query / “Individual Status Report” (security-driven access)

In Progress: Outcomes at a Glance



In Progress: Clinician's Query



Category	Diagnosis	Initial	SixMonth	Completion
[Scizophrenia and Other Psychotic Disorders]				
	Scizophrenia and Other Psychotic Disorders	Yes	Yes	No
[Adjustment Disorder]				
	Adjustment Disorder	No	No	Yes
[GAF Score]				
	GAF Score	50	Missing	Missing
[Hurt Self]				
	Hurt Self	Never	Never	Missing
[Suicide Attempted]				
	Suicide Attempted	No	No	Missing
[Interfered with daily activitites]				
	Interfered with daily activitites	A few times	More than a few times	Missing
[Employment]				
	EmploymentStatus	Not in labor force	Not in labor force	Missing
[Needle Use]				
	Recent use of needles	Missing	Missing	Missing
	Use of Needles	Missing	Missing	Missing
[High Risk Sexual Behavior & Recency]				
	Sexual Risk	No	No	Missing
	Recent Sexual Risk	Missing	Missing	Missing

In Progress: User Trainings

- Super-user trainings
- Bi-monthly super-user conference calls
- Web-based training for new clinicians

NC-TOPPS: Expanded Modules

- NC-TOPPS: ADATC
  - Went live on the web November 2006
- NC-TOPPS: TASC
  - Went live on the web July 2007

NC-TOPPS: ADATC

- The State Alcohol and Drug Abuse Treatment Centers (ADATCs) implemented NC-TOPPS in all 3 facilities to:
  - Identify staff training needs
  - Measure patient outcomes
  - Continue program growth & development

https://nctopps.ncdmh.net/ADATC.htm

NC-TOPPS: ADATC

- Currently reviewing test-run reports to ensure consistency across the three ADATCs
- The system facilitates the transition of the consumer from one level of care to another.
- Committed to bridging ADATC and community NC-TOPPS for continuity of care.

NC-TOPPS: TASC

- Treatment Accountability for Safer Communities' Criminal Justice Management system (TASC-CJM) converted from paper to web-based entry in "NC-TOPPS: TASC" in July 2007
- Different questions and purposes than MH/SA NC-TOPPS
  - Does not satisfy the NC-TOPPS requirement for MH/SA consumers
  - Does not affect NC-TOPPS compliance rates for LMEs

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Questions?

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